

but it should not be composed of materials incapable of affording blood of healthy quality, such as any of the varieties of starch or gelatinous broths. I have already so often suggested the necessity of carefully adapting the administration of mercury to the nature and intensity of the inflammation, and to the constitutional peculiarities of the patient, that it is unnecessary to return to the subject here."

[During the discussion to which the reading of this paper gave rise, Dr. Jacob made some explanations, which it is important should be introduced here.]

Dr. Jacob stated that, with respect to the position of the lens, and the mode of dealing with it when protruded, he did not think he had made himself sufficiently intelligible. What he desired to convey to the Society was this: that where an aged individual, with a hard lens, received a severe injury of the eye (say a blow or a lacerated wound), and that the lens lay in the anterior chamber, it was the duty of the surgeon to endeavour to get it out of that position, either with the needle or the extracting knife. He would even advise that the lens should not be allowed, in any case, to remain for a moment in the anterior chamber, whether hard or soft, as in younger subjects it immediately swelled up from imbibing the aqueous humour, so as to cause a terrible amount of pressure upon both the iris and cornea, rendering extraction indispensable. In other cases, however, where the protruded lens was sufficiently hard, he wished he could induce the profession to operate more frequently than they did; for he could see no difficulty in passing the needle through the cornea, and pushing back, reclining, or depressing the lens, so as to place it entirely out of the way. But what he desired to be understood most was, that if the lens was left in the anterior chamber until inflammation had set in, the bad consequences would be so great, that the total loss of the eye would probably follow. With reference to the use of depletion, he had likewise been misunderstood; for he never meant to say that where the patient was strong and plethoric, there should not be a copious extraction of blood. He merely stated, that where the patients suffered from deranged digestion, vitiated hepatic secretions, &c. &c., he thought it better to rely upon setting up a circulation of good blood in their bodies, so as to improve their general health, than to resort to the contrary practice of draining their systems of the blood already contained in it. With reference to the liability of injuries of the cornea to be followed by abscess, he wished to say that very minute injuries and ulcers of it were sometimes succeeded by abscesses of a most formidable character; but it was a mistake altogether to suppose that he had directed his observations, in the treatment of such abscesses, to small ones as well as large. His statement was, that if the anterior chamber was filled to distension with matter, and the abscess was large and pointing, that then the sooner the surgeon opened it the better: but he need hardly observe, that he never had been in the habit of puncturing the small collections called hypopion, or the patches of matter diffused or infiltrated in the structure of the cornea. With respect to the touching of the prolapsed iris with nitrate of silver, he was aware the practice was very general; but when one person proposed a plan, and advocated its utility, he did not see why another individual, who thought he knew a still better species of practice, should not make it known. With reference, therefore, to the plan he advocated for the treatment of this condition of the iris, he would content himself with observing, that his patients got on at least as well under its employment, as under the use of the nitrate of silver.—*Dub. Med. Press*, Jan. 1849.

41. *Ocular Apoplexy*.—In the *Journal de Médecine et de Chirurgie Pratiques*, for January 1849, a case is recorded as having occurred in the practice of M. MALGAIGNE, at the Hôpital St. Louis, in Paris, in which the patient (a little sweep, under treatment for fracture of the radius) was seized with dazzling and loss of sight. M. Malgaigne attributed this sudden blindness to apoplexy of the ocular nervous system, and prescribed fifteen grammes (about four drachms) of a compound tincture of jalap, and mustard pediluvia. In three days, sight was restored.

These nervous apoplexies of the eye differ from sanguineous apoplexies, in

the absence of any obvious alteration in the appearance of the diseased organ; the dilated pupil alone revealing the injury. In sanguineous apoplexy, on the other hand, the globe of the eye presents the appearance of an effusion of blood, or of a scorbutic ecchymosis. M. Malgaigne has met with two or three cases at the Bicêtre, in which old persons in good health, and without any headache, were struck with blindness during the night, so that, in rising on the morning, they were, to their great surprise, incapable of distinguishing anything. In these cases, where the eye was red and somewhat painful, the blindness continued. This result is worthy of notice, for the functions of the eye are sometimes regained in apparently much more unfavourable conditions. As an instance of this, M. Malgaigne has seen an old man, one of whose eyes had been crushed without laceration of the cornea. The organ seemed entirely destroyed; so much so, that the patient brought an action against the person who had injured him, and gained a verdict with damages. However, at the end of a year, light began to appear, and the patient finally recovered his sight. An interesting case, bearing on this point, will be found recorded at page 586 of this *Journal*.—*Lond. Journ. Med.*, June 1849.

42. *Case of Traumatic Lesion of the Globe of the Eye.*—Dr. RIVAUD LANDREAU, of Lyons, relates the following remarkable case in the *Gazette Médicale de Lyon* for 14th February, 1849: On the 14th of August, 1847, Madame Peyronnier, a portress, in endeavouring to separate two men who were fighting, received from one of them a blow with the fist in the left eye. The immediate consequence was abolition of vision, and the production of a swelling at the internal angle of the eye; this was followed by ecchymosis of the membranes of the globe and of the palpebral tissues. Severe pain was at the same time felt in the injured organ. Medical assistance having been immediately procured, leeches were applied around the orbit, and cold lotions to the eye; and an opiate mixture was ordered. Some days after, a purgative was administered, and a blister applied behind the right ear. These means having produced no relief, the patient consulted M. Landreau, on the 21st of the month. On examination, he found, at the internal angle of the eye, close to the junction of the cornea with the sclerotica, and very near the centre of the palpebral opening, an ovoid tumour, of the size of a round pea, with a reddish base, and a slightly flattened summit, presenting a well-marked yellowish tint. Entirely surrounding the base of the tumour, was a large violet-coloured ecchymosis, embracing the whole of the larger angle. In the anterior chamber, at its inner and lower part, were some drops of florid blood. The *tomentum* covering the anterior surface of the iris was dull and grayish; and, towards the lower part, and a little internal to this membrane, there was a partial laceration of the iris, of about the size of a millimetre (about one twenty-fifth of an inch), having the form of a reversed V. The pupil was dilated to about double its usual dimensions, black, and perfectly immovable. Vision was destroyed, from amaurosis. The transparent cornea was healthy, and the deeper humours of the eye appeared to be uninjured. The sclerotic and conjunctiva, at the smaller angle, showed no vascular injection; the eyelids had the yellowish tint which usually follows bruises. The patient complained of violent pains in the injured organ, and in the whole of the corresponding side of the head. The tumour before described felt hard and resisting, but gave a sensation of slight fluctuation at the summit; which, with its yellowish tint, indicated the presence of pus. M. Landreau, however, hesitated to open it, being uncertain as to its nature; and, on attentively examining the globe of the eye, he thought he perceived the absence of the crystalline lens, from an unusual depth of the posterior chamber, together with an oscillatory movement of the iris. Hence he imagined, that the blow on the eye might have produced rupture of some of the fibres of the sclerotica, and thereby occasioned an aperture sufficiently large to allow of the escape of the crystalline lens. It was probably, then, this latter body which produced the tumour under the layer of the conjunctiva. Acting on this hypothesis, he made a small opening over the tumour with a cataract knife. A drop of pus escaped, and he drew out at the end of his instrument a body, which he recognized as the crystalline lens, in an entire state. The tumour